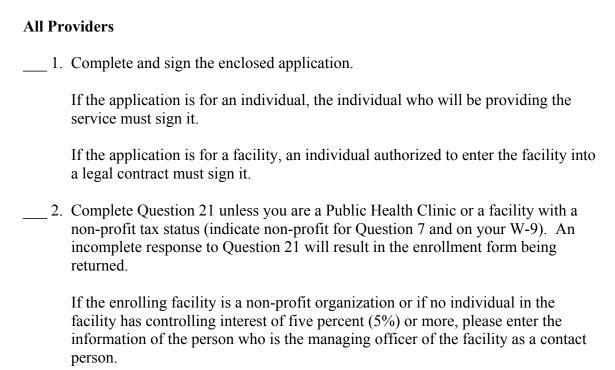


Dear Applicant:

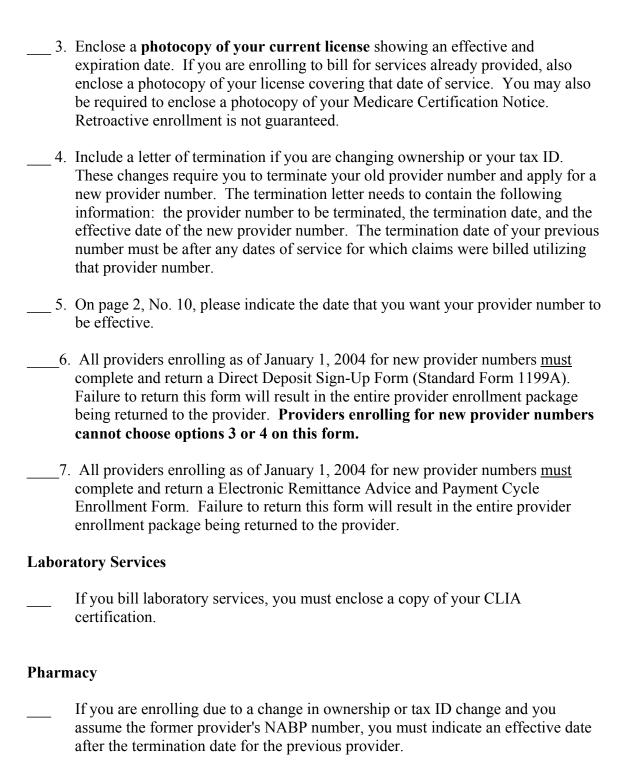
Thank you for choosing to become a Montana Medicaid Provider. For your convenience, we are providing a checklist to ensure that your provider enrollment form is completed correctly. All sections of the provider enrollment form must be completed in order for us to process your application. **Incomplete applications will be returned.** This application has been designed to comply with federal program requirements. We cannot accept alterations to the provider agreement text on pages 4 and 5.

You will be notified in writing of the status of your enrollment request within fifteen (15) working days of receipt at our office. Please do not bill Montana Medicaid for any services until you have received, in writing, notice of your provider number and its effective date. Claims submitted prior to completion of provider enrollment will be denied.

If you have any questions regarding information required on the enrollment application, please contact ACS Provider Relations at 1-800-624-3958 (in-state only) or 406-442-1837 (out-of-state and Helena).



Revised: 01/10/04



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